

INFORMATION, EDUCATION AND COMMUNICATION (IEC) RESEARCH SUMMARY

Authors:

Anne Terborgh, Lori Buchsbaum, Bernardo Kleiner and Karen Roll

Report

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DEVELOPMENT ASSOCIATES, INC.
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Arlington, Virginia 22209-2023

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EXECUTIVE SUMMARY:

In response to a USAID question regarding IEC research, a Development Associates assessment team concluded in 1999 that "better use could be made of existing research to guide the efforts of USAID/G-CAP and its partners."¹ Considerable research activity related to IEC had taken place in the late 1980s and 1990's, but IEC staff were not necessarily familiar with findings nor were they applying them in the development of their IEC strategies.

In a follow-up to the 1999 assessment, Development Associates conducted a workshop on research in April, 2000 for IEC specialists from 18 Guatemalan and international organizations. In the course of the workshop it became clear that many participants had been involved in collecting research data (focus groups, interviews, etc.) but not in the analysis or reporting of findings. Most had heard of ENSMI 1998-1999, Guatemala's most recent Demographic and Health Survey (DHS), for example, but few had actually seen the report.

Conclusions

Existing research findings, available in Guatemala, have many IEC implications which could change or modify IEC messages, target audiences, channels and strategies. Examples from the research summary include:

- A reliance on person-to person communication to promote family planning when the most recent DHS shows that only two percent of non-users were visited by a family planning worker in the year preceding the survey and seven percent discussed family planning on a visit to a health facility. Thus, 91% were not being reached by this channel.
- The common practice of devoting educational time to the promotion of birth spacing although research suggests that this message has already been widely assimilated by the target audience. The primary reason Guatemalan women give for not using contraceptive methods is not that they don't understand birth spacing. It is because they simply don't know any methods. Non-users who do know methods may fear the health consequences of using them.
- Lack of understanding among women and traditional birth attendants (TBAs) of the purpose of prenatal tetanus vaccinations and no increase in coverage between the '95 and '98-99 surveys.
- Little use of radio beyond promotional spots although 63% of indigenous women interviewed in the most recent DHS said they listened to the radio every day.

¹ Development Associates. Maternal-Child Health Information, Education and Communication (IEC) Assessment. May 1999.

- Strong advances in increasing childhood immunization levels, but metropolitan Guatemala City lags behind the rest of the nation in coverage.
- The highest level of chronic childhood malnutrition in Latin America, unchanged between 1995 and 1999. Yet IEC staff attending the Development Associates Research Workshop were not aware of the severity of the problem.
- Minimal targeting of men despite consistent evidence that men are key decision makers on matters of health care in Mayan communities and are interested in receiving more information on maternal, child and reproductive health.
- Dangerous delays in seeking professional health care for complications of pregnancy and childbirth because the urgency associated with signs of complications is not recognized and home remedies are often tried first.
- Adolescent sex education programs directed at secondary school students even though they are the young people least likely to experience an unplanned adolescent pregnancy. Almost two-thirds of Guatemalan women never make it beyond primary school and adolescent childbearing among young women with no education is four times higher than it is among adolescents in high school or beyond.
- High rates of method failure and of method discontinuation for side effects which suggest that users are not well informed about how to use methods correctly and manage common side effects.

Recommendations:

1. The Behavior Change Communications (BCC) Working Group should periodically devote meetings to the review and discussion of research findings which have implications for IEC activities.
2. These discussions should be shared with IEC directors and staff from USAID's partners throughout the country.
3. Agency IEC staff should, in turn, share pertinent information with field staff and volunteers.
4. Agency IEC directors should review research implications annually in conjunction with the preparation of IEC plans.
5. They should carryout local, small-scale research as needed to refine IEC plans.
6. Agencies that conduct local research should make sure that the staff they use to conduct focus groups or interviews have the necessary skills to do it properly.
7. Agencies should also do a better job of documenting experiences among their field workers which shed light on local IEC needs.
8. On a micro level, agencies need to develop the participatory education skills of their field staff and volunteers so they can determine, and respond to the needs of their community audiences as they interact with them.

*Spanish version of Executive Summary can be found in Annex 1.

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In a follow-up to the 1999 assessment, Development Associates conducted a workshop on research in April 2000 for IEC specialists from 18 Guatemalan and international organizations. In the course of the workshop it became clear that many participants had been involved in collecting research data (focus groups, interviews, etc.) but had not participated in the analysis or reporting of findings. Most participants had heard of ENSMI 1998-1999, Guatemala's most recent Demographic and Health Survey (DHS), for example, but few had actually seen the report.

Research findings and IEC staff

Research findings have many IEC applications. They may indicate that a different or modified message is needed or that the target audience needs to be better segmented. Findings might document empirical evidence on promising channels of communication or show that channels presumed to be effective have little reach in the target population. Following are examples related to different aspects of IEC:

Messages

In the absence of research information on the knowledge, attitudes and behaviors of the local population, IEC and technical staff tend to make decisions based on past practices rather than current needs. For example, because family planning has been controversial in Guatemala, educators continue year after year to promote the benefits of child spacing even though research has repeatedly indicated that this message has already been assimilated and is understood by virtually everyone. While there is nothing wrong with reiterating the benefits of spacing pregnancies, DHS data indicate that failure to understand the benefits of spacing is not the primary reason why people are not accepting family planning. By persisting in emphasizing an already assimilated message, educators have less time to devote to addressing the principal reasons couples are not using family planning. Predominant among these in Guatemala is a lack of information about contraceptive methods, followed by health concerns and in third place, religious opposition.

¹ Development Associates. Maternal-Child Health Information, Education and Communication (IEC) Assessment. May 1999.

Another example of the relevance of research to message development is the finding in the 1998-1999 ENSMI that Guatemala has the highest levels of chronic childhood malnutrition in Latin America. A BASICS research summary indicates that early supplementation with liquids which may be contaminated and inadequate weaning practices are major contributors to this problem. Yet IEC staff attending Development Associates workshop on IEC and research readily admitted that they were unaware of the severity of the problem in Guatemala. Had they known the findings from local research, they might have developed more integrated messages on infant diet rather than concentrating only on prolonged and exclusive breastfeeding. Again, this is not to disparage current practice. Breastfeeding promotion is important. However, in a country like Guatemala where the duration of breastfeeding is as high as it is anywhere in the LAC region, breastfeeding messages alone may make only a marginal difference in improving the nutritional status of young children.

Target Audience

Research can also help IEC staff segment the audience for reproductive and maternal child health messages. In rural Mayan regions, the importance of targeting men is stressed in a number of studies. MotherCare found that husbands are the final authority in deciding whether or not a woman with complications of pregnancy or delivery is taken to a facility which can provide professional health care. While the traditional birth attendant (TBA), other family members and the woman herself will all express their opinions, the husband is the one who decides. In Development Associates' assessment of translation issues, women in a Kaqchikel speaking area requested that educators talk to men about family planning because they are the family decision makers. In the firm's study on channels of communication, both men and women expressed interest in receiving information on child health and family planning. IEC staff familiar with these findings might devote more time and resources to reaching this key audience which may be easier to reach than women because they are more likely to be literate, to listen to the radio all day and to have been exposed to TV.

Communication Channels

Research findings can be important in helping IEC staff select the most appropriate channels for reaching their audiences. Where should they put their resources? Mass media? Print materials? Training of field workers for one-on-one and small group education? An example of the importance of looking at research data to help make these decisions can be seen in DHS data on adolescent pregnancy. If IEC staff in an agency with an adolescent program, for example, reviewed DHS findings, they would find that 41% of Guatemalan adolescents with no education are mothers by the time they are 19. By comparison, only 9% of adolescents in secondary school or college can be expected to be pregnant or have a child before age 20. Further, 75% of Guatemalan women never go beyond primary school and cannot be reached in typical adolescent outreach and sex education programs which target post-primary schools.

Reviewing and discussing this kind of data would stimulate IEC staff to consider alternative ways of reaching low literacy, out-of-school adolescents. They might decide, for example, to recommend to their agency that money currently invested in secondary school outreach be

shifted to activities targeting out-of-school teens such as as radio spots designed by peer counselors, radio soap opera (*radionovelas*) or teen community theater.

IEC strategy

Awareness of research results allows IEC staff to adjust strategies and messages, try new approaches and concentrate efforts where the need is greatest. In an exceedingly diverse country like Guatemala, an IEC strategy appropriate for urban populations may not be the most effective for rural areas. The message that is right for a Spanish-speaking Guatemalan, or *Ladino*, may not meet the needs of a rural Mayan person. And what is right for one Mayan linguistic group or community, may not be the best message for another.

In the promotion of prenatal care, for example, in a rural area you might want to stress the importance of prenatal care for detecting and treating complications of pregnancy and target messages to women, their husbands, other family members and the TBAs who attend them. In Guatemala city, where three-quarters of pregnant women receive prenatal care from a physician or nurse, it might be more important to stress early, first trimester pre-natal care. Similarly, in a national vaccination campaign, you might want to concentrate IEC efforts on the Guatemala City metropolitan area where coverage lags the nation as a whole. IEC messages might also be redesigned to target mothers in large families where higher birth order children(6+) are much less likely to be vaccinated than a first born child (50% vs. 66%).

Research findings raise these strategic issues which all agencies should consider in determining the best approach for changing behavior in their target populations. Research, in other words, provides food for thought that can help IEC staff reassess current approaches and be more effective.

The IEC Research Summary

The material presented in this report is not intended to be an exhaustive summary of available research that should be taken into consideration when IEC activities are planned. More thorough research reviews have been done by other entities such as BASICS and MotherCare in connection with their projects and there are excellent researchers in Guatemala in organizations such as the Population Council who can assist local organizations with identifying research documents pertinent to their needs. Rather the intent is to:

- Summarize selected findings from recent research that are pertinent to IEC;
- Illustrate what these findings imply in terms of the development of IEC strategies messages and activities; and,
- Encourage agency officials and international agencies to share and analyze research finding with staff charged with IEC.

Summary tables on the most recent DHS and on maternal, child and reproductive health present selected findings from recent research. In addition, Annex 2 lists recent research documents that were reviewed, noting in each case key points in the document that are of importance to IEC. Annex 1 is the Spanish-language version of the Executive Summary.

The brief discussion following each table provides some illustrations of how the findings cited could be applied to IEC. Finally, the section on conclusions highlights the IEC implications of selected research findings and the section on recommendations puts forth some suggestions for future action.

Sources of IEC research findings

For purposes of creating this summary report, a variety of research reports were collected and reviewed for relevance to IEC. A substantial amount of research specifically focused on IEC was carried out in Guatemala in the late 80's and early 90s. Although many of these documents were reviewed, and some fascinating findings were reported in this research, that information is now somewhat outdated. Guatemala has been changing rapidly since the early 90s. The percentage of Guatemalan women with no education dropped from 38% in 1987 to 25% in the latest DHS. Among indigenous women it dropped from 67% in 1987 to 51% in 1998-1999. Most health indicators have been showing slow but steady improvement. The signing of the Peace Accords has made Mayan communities more mobile and accessible. Although there is less recent research that focuses exclusively on IEC in this changing scene, there are IEC elements in many studies produced since 1995 and an important legacy of information from such projects as BASICS and MotherCare. Even the DHS surveys, which primarily track service utilization and changes in health status are rich sources of IEC-related findings.

IEC and ENSMI

The periodic Demographic and Health Surveys, (ENSMI in Guatemala), offer a wealth of information of importance to those planning IEC activities. They provide quantitative data on knowledge, opinions and behaviors, show the location of underserved populations and describe their characteristics. They also set the parameters for further inquiries that may be needed to fine-tune IEC and behavioral change communications (BCC) activities. The following table provides examples, by topic, of the type of data available to IEC workers in these studies and indicates why this data should be of interest to them.

Table 1. ENSMI 1998-1999 AND IEC

TOPIC	DHS data available	Examples: ENSMI 98/99	Importance for IEC Staff
Overall MCH situation	key health indicators	Contraceptive prevalence has increased in each of the last three surveys, but there are still large differences between regions and between <i>Ladinos</i> and the indigenous population.	Understanding priority areas for IEC action
	trends in service utilization	Coverage with prenatal tetanus vaccination was unchanged between the 1995 and 1998/99 surveys.	Identifying under-utilized services that need to be promoted
		The level of chronic child malnutrition in Guatemala is the highest in Latin America and remained unchanged between 1995 and 1998/99.	Understanding where progress is being made and where it is not
Underserved populations	Location of underserved populations	The northern and western regions of the country have the lowest health service coverage and utilization.	Where to target messages

TOPIC	DHS data available	Examples: ENSMI 98/99	Importance for IEC Staff
	characteristics of underserved populations	The worst health indicators are found among rural indigenous women with no education	Who needs to be reached
Communication Channel Access	mass media	<p>Television is a good channel for reaching urban, educated women. 83% of women in Guatemala city watch at least once a week and 93% of women with a high school or college education.</p> <p>Less than 1/3 of indigenous women watch TV at least once a week but 63% of indigenous women interviewed listened to the radio every day.</p> <p>34% of women with no education and 28% of indigenous women do not have access to any form of mass media.</p>	Understanding the types of channels most likely to reach the target audience
Message Penetration	Characteristics of TV viewers, radio listeners, readers	<p>71% of indigenous women interviewed had not heard a FP message on radio or TV in the past 12 months.</p> <p>Only 15% of indigenous women had received a print message about FP in the past year as opposed to more than half (55%) of Ladino</p>	<p>Who is receiving messages and who is not?</p> <p>How are messages reaching them?</p>

TOPIC	DHS data available	Examples: ENSMI 98/99	Importance for IEC Staff
	Effectiveness of person-to-person outreach	women. Only 9% of non-users of FP, and only 6% of indigenous non-users had contact with a family planning worker or provider in the past year.	How could the reach of person-to-person communication be expanded?
Knowledge of Target Population	<u>Family Planning</u> Contraceptive methods	Knowledge of at least one FP method is high among educated women (99%), urban women (95%) Ladinos (95%) and residents of Guatemala City (94%). However, just over a third (37%) of indigenous women are unable to name a method and almost a quarter (24%) of non-users are not practicing FP because they don't know of any method.	What do members of the target audience know? Not know? What are the characteristics of the most knowledgeable, least knowledgeable?
	fertile period	Only 40% of users of rhythm or calendar Natural Family Planning (NFP) could correctly identify the fertile period in a woman's menstrual cycle.	
	contraceptive effect of breastfeeding	Only 15% if women in union with at least one child were aware that breastfeeding can diminish fertility.	

Reference: Instituto Nacional de Estadística. *Guatemala Encuesta Nacional de Salud Materno Infantil 1998-1999*

IEC staff who take the time to carefully review the DHS, either individually or in groups, will find that they can identify both failures and successes in getting their messages out. They will be able to fully appreciate that a focus on low literacy and Mayan populations is not just an obsession of donors, but rather a strategy based on overwhelming need. They can discuss better ways of organizing one-on-one or group outreach so that person to person communication touches more than a tiny percentage of the target audience, as well as consider alternative channels. Perhaps most important, they can see which messages are not sufficiently disseminated and give priority to these in their future IEC activities. Why are so many people not familiar with contraceptive methods after all the years of IEC activity in Guatemala? Why are women not getting the message that tetanus shots for pregnant women can save their baby's lives? Why do so many couples who claim to use NFP not know when a woman is likely to be fertile? Just knowing that an IEC issue exists and has been documented should be a stimulus to IEC workers to explore new creative solutions to their communication challenges.

Table 2. MATERNAL HEALTH

TOPIC	Knowledge	Attitudes	Behaviors
Adolescent Pregnancies	Husbands acknowledged that young women (under 19 years) have more problems with pregnancy than older women	<p>Subjects such as reproduction and pregnancy are not discussed with single women or married women without children. Each young man and woman learns about these things from their own experience.</p> <p>There are significant variations in Mayan willingness to discuss sexual matters both within and between different populations.</p>	<p>37% of adolescents in the Petén already had a child or were pregnant and 26% of adolescents in the north and northwestern regions</p> <p>41% of adolescents with no education were mothers by the time they are 19 as compared to 9% of those who are in secondary school or college.</p>
Prenatal Care	The TBA will give advice to the pregnant woman about taking care of herself during pregnancy. This usually means advice about work and exertion and about diet.	<p>Husbands mentioned that they told their wives to visit the health post or center during pregnancy</p> <p>Women may not want to go to the health system where it is said that the tools they use to examine pregnant women cause abortion and where they are said to give bad pills to pregnant women.</p> <p>Women find Western medical exams embarrassing</p> <p>Both women and their husbands expressed interest in learning</p>	<p>There have been steady improvements in the percentage of women receiving professional prenatal care (MD or nurse), especially indigenous women: 35% in '95 and 46% in '98/99. Still 46% of women whose delivery was attended by a TBA received no prenatal care.</p> <p>Pregnant women served by TBAs who do receive prenatal visits may wait until the 8th month, but usually start prenatal attention with the TBA in the second trimester.</p>

TOPIC	Knowledge	Attitudes	Behaviors
		more about pregnancy, delivery, post partum care and care of the newborn.	
Tetanus Vaccination	Many midwives...did not know that the injection their clients received was a tetanus vaccination, they only knew that it would "Help the baby."	Tetanus vaccinations can sterilize women	There was a slight drop in tetanus vaccination coverage between ENSMI 95 and ENSMI 98/99. Fewer than half (47%) of indigenous women surveyed had received a tetanus vaccination during pregnancy
Complications of Pregnancy	Collectively women know many signs of "problems" during pregnancy, but individually can name only one to three. Some do not know any signs of complications. Premature rupture of membranes or a previous Cesarean section were not recognized as danger signs Rural midwives lacked the ability to recognize common obstetric complications	Husbands recognized pregnancy as a time when special care was needed. Bad conduct on the part of the husband could have a damaging effect on the pregnancy. The importance of the husband in decision making related to complications of pregnancy was very evident. Complications... were often viewed in the context of traditional beliefs and practices. The cycles of the moon and weather conditions were believed to affect pregnancy; a lunar eclipse could have a disastrous	These rural Guatemalan midwives had very few skills to handle complications of pregnancy and birth. Women with multiple gestations and malpresentations were rarely referred to the hospital by the TBAs Even when a TBA recommends that the woman go to a health center, it is the husband who makes the final decision.

TOPIC	Knowledge	Attitudes	Behaviors
		effect.	
Delivery	Delivery complications mentioned most frequently by women were: hemorrhaging, severe pain, prolonged labor and retained placenta. Women did not always distinguish between mild and severe bleeding.	<p>Husbands expressed the opinion that it was important that they be present during delivery.</p> <p>Perceptions of poor quality health care are common and often negatively influence decisions to seek care outside the home.</p>	<p>84% of indigenous women deliver at home vs. 44% of <i>Ladinas</i>. Only 17% of indigenous deliveries are attended by an MD or nurse.</p> <p>Women with higher order, high risk births are less likely to be attended by an MD or nurse. Fifty-seven percent (57%) of first births receive professional care, but only 19% of those involving a sixth or higher birth order child.</p> <p>Although the woman, other family members and the TBA all discuss what to do when there is a complication, it is the husband who make the final decision.</p> <p>Relatives and TBAs try different home remedies to treat complications before considering taking the woman to the hospital.</p>

References:

Development Associates. *An Assessment of the Translation of Health Messages*. 2001

ENSMI 1998-1999

Hurtado, Elena, et.al. *"Desde la Comunidad...Percepción de las Complicaciones Maternas y Perinatales y Búsqueda de Atención"*

MotherCare. Guatemala. November 1995.

Lang, Jennifer B. and Elizabeth D. Elkin *A Study of the Beliefs and Birthing Practice of Traditional Midwives in Rural Guatemala*. Journal of Nurse-Midwifery. Vol. 42, No. 1, January/February 1997

Findings such as those given in the table are clearly worthy of discussion by IEC staff. There are, for example, two clear messages concerning target audience. Out-of-school youth are at much greater risk of a pregnancy during adolescence than those who remain in school, and men must be brought into the dialogue if maternal care is to improve in Mayan populations during pregnancy, delivery and the puerperium.

There also is a clear need to better communicate what is done in a pre-natal visit, why Western medical exams are important, the purpose of tetanus immunization, etc. It may be time to try more focused messages in Mayan language radio spots such as explaining why pregnant women should get a tetanus shot, why they should get early pre-natal checks or what the dangers are of delaying treatment of complications of pregnancy or childbirth. Agencies working with TBAs might consider training them to educate the husband and family members about advance planning for delivery so that action could be taken if complications develop.

In addition to indicating target groups and messages that need more exposure, the table highlights the particularly daunting challenge of early pregnancy among rural adolescents. How do you reach rural, low literacy adolescents who, by tradition, are told nothing about sexuality or reproduction until after the birth of their first child? Do you try and reach them directly? How? Should you hold community meetings to talk about the elevated risks of adolescent pregnancy and first pregnancies? Dare you talk about postponing the first pregnancy? Would dramatizations of tragic teen pregnancy scenarios be a better choice? Or meetings for their mothers to talk about how they felt going through their first pregnancy without knowing anything about it? "Ask the Doctor" types of radio spots or shows? Train bi-lingual teachers as AGES once did? IEC specialists should be encouraged to discuss issues like these and search for appropriate and cost-effective solutions.

Otherwise, the tendency is to simply target women of reproductive age and repeat to them, over and over, internationally standardized messages on MCH topics. However, if you are concerned about a high risk group like low literacy adolescents, perhaps you start with a different target group and a different message. Maybe the first step is to sensitize the community, TBAs and parents to the risks involved. Perhaps you encourage them to talk to young pregnant nulliparas about pregnancy and make sure they are seen by a health professional early in the pregnancy. All of these possibilities and others will emerge when IEC specialists are encouraged to review research results and discuss their application. Health organizations interested in educating male decision makers can also explore alternative forms of outreach such as radio or print materials.

Table 3. CHILD HEALTH

TOPIC	Knowledge	Attitudes	Behaviors
Perinatal	Mothers have little knowledge of the importance of colostrum or of immediate breastfeeding	<p>Both mothers and TBAs may believe that colostrum causes diarrhea and stomach problems and that the first milk is weak and not nutritious</p> <p>Water or herbal preparations should be given before breastfeeding starts to “prepare the stomach” and prevent illness</p> <p>Only sugar water should be given for the first two to three days of life</p>	<p>Breastfeeding may be delayed up to three days post partum</p> <p>Other substances such as herbal teas (<i>agüitas</i>, <i>agua de anís</i>) may be given before breastfeeding starts</p>
Breastfeeding and Supplements	Mothers have limited knowledge of the nutritional value of different foods or of appropriate weaning foods	<p>Breastmilk is “food” and does not satisfy thirst.</p> <p>The quality and quantity of breastmilk is insufficient</p> <p>Maternal beliefs that:</p> <ul style="list-style-type: none"> · Solid food can make the child sick. · Too much food is bad for a child, especially at night. · The child will give signs when it wants food. There is no need to 	<p>Mothers supplement breastfeeding with herbal preparations or medicinal teas</p> <p>Spoons and bottles used to provide supplements may be contaminated</p> <p>Introduction of semi-solids and solid foods may be delayed until the child is 8 or 9 months old</p> <p>Gradual transition to the adult diet can continue up to age 3</p>

TOPIC	Knowledge	Attitudes	Behaviors
		force, or encourage them, to eat.	<p>Children are given small amounts of whatever is on hand, not foods especially prepared for them</p> <p>Diets are generally deficient in protein, iron, and vitamin A. Even when beans or vegetables are consumed by the family, the young child may be given only water in which they are cooked and not the solid foods themselves.</p>
Immunizations	<p>Mothers are not well informed about vaccinations. There may be confusion as to why vaccines are given to healthy people whereas other injections are given to sick people</p>	<p>Mother's concerns about children's reactions to vaccinations is a principal reason for low vaccination levels</p> <p>Uncertainty regarding reactions (fever, malaise)</p> <p>The concept of vaccination does not fit into traditional health beliefs</p> <p>Some believe that vaccinations will sterilize children</p>	<p>By age 2, 51% of indigenous children were fully vaccinated compared to 65% of ladino children</p> <p>Vaccination opportunities are missed because many children are not taken to well child checkups.</p> <p>The lowest immunization rates (as demonstrated by presentation of the child's vaccination card) were in the Guatemala City metropolitan area, the Central region and the Petén</p> <p>Higher birth order children are less likely to be fully immunized than lower birth order children</p>

TOPIC	Knowledge	Attitudes	Behaviors
Diarrheal Disease	<p>In the 98/99 DHS, 84% of indigenous women knew of oral rehydration packets</p> <p>Mothers were not well informed about recommended feeding practices during illness or the purpose of using ORT</p> <p>There was confusion over the difference between malnutrition and dehydration and the meaning of the Spanish terms for these conditions</p>	<p>Treatment of diarrhea depends on the cause. Some types of diarrhea (<i>Mal de Ojo or cuajo</i>) require treatment from a traditional healer or <i>Curandero</i></p> <p>Beliefs that certain liquids and foods are bad for a sick child and that the child who doesn't ask for food doesn't need it</p> <p>ORT is a "cold" remedy and should not be used with "cold" diarrheas</p> <p>Erroneous belief that ORT isn't working if the diarrhea doesn't stop</p>	<p>Around three quarters of indigenous children with diarrhea received some sort of home remedy, but only 31% received an oral rehydration solution</p> <p>Home remedies or pharmacy products are routinely tried before a child is taken to a health post or center for professional attention</p> <p>60% of indigenous mothers gave less solid food to a child with diarrhea and 30% reduced the quantity of liquid</p> <p>Mothers tend to be passive with a sick child and do not try and make the child eat</p> <p>Mothers generally don't seek medical attention until home remedies fail and the child gets worse</p>
ARI	<p>Limited recognition of ARI danger signs</p> <p>Mothers may recognize danger signs but not interpret them as</p>	<p>Western and Mayan health/illness models are different, leading to delays in seeking medical care</p> <p>Non-Western perspectives on the</p>	<p>Delays of 1-5 days in seeking treatment</p> <p>As with diarrhea, the first line of treatment is with home remedies</p>

TOPIC	Knowledge	Attitudes	Behaviors
	Western medicine would. Others may not be recognized.	<p>signs, symptoms, causes, and treatment of ARIs.</p> <p>Maternal beliefs that breastmilk can cause ARIs</p> <p>Some danger signs of ARIs are not considered important</p> <p>Perceived deficiencies in the public health services</p>	<p>or pharmaceuticals</p> <p>The prevalence of ARI is the same for indigenous and <i>Ladino</i> children. However, <i>Ladino</i> children are more likely to be taken to a health care provider for ARI.</p> <p>Danger signs such as rapid respiration may be ignored or the severity underestimated</p> <p>Private sector providers are chosen over public services. Most private providers have not been trained in standardized ARI case management</p>

References:

- Guatemala, *Encuesta Nacional de Salud Materno Infantil* 1998/1999.
- Sáenz de Tejada, E. y E.R. Calderón., *Atención de Salud Infantil--Prácticas de Madres Mayas en Guatemala*. BASICS, 1997.
- Development Associates. *A Communication Channels Survey in Mayan Communities in Guatemala*. 2001

Clearly research findings show that there is a great deal of BCC needed in the area of child health. It is also an area of great interest to both men and women according to Development Associates' Communication Channels Survey. Management of diarrhea was the topic of greatest interest to parents interviewed in that study, followed by other child health topics.

Because child rearing practices often have deep cultural roots, traditional practices can be very difficult to change. For agencies with a particular focus on child health there could be some IEC research opportunities here. The aim would be to determine which practices are most susceptible to change so that initial IEC efforts could focus on messages most likely to resonate with the audience.

In addition to exploring how the target audience feels about current practices, it is evident that lack of knowledge is a significant problem. To better communicate healthy child care behaviors, IEC personnel might experiment with packaging their message in different ways and evaluating results. For example, rather than approaching child care by topic (colostrum, exclusive breastfeeding, vaccination, etc.) they might experiment with an age-related approach (care of the newborn, the first six months, 6 months to one year, etc. and compare the effectiveness of the two approaches. Agencies might also choose to refocus on child nutrition to some degree given the pervasive and persistent nature of the problem. Again, the question is how: radio, print material, or person to person communication. Person to person communication might be a good choice here, but only if conducted in such a way that there is a dialogue with mothers about what they do, why they do it and how they would feel about doing things differently.

Table 4. REPRODUCTIVE HEALTH

TOPIC	Knowledge	Attitudes	Behaviors
Human sexuality and Reproductive Health	<p>Most of the men (in Santiago) did not know what the menstrual cycle was. They were only aware of menses with regard to abdominal cramps experienced by women.</p> <p>The interviews (in Quetzaltenango) showed widespread ignorance of female anatomy among both sexes</p> <p>Men and women in a Mam speaking municipality in Quetzaltenango lacked knowledge about: anatomy and physiology of reproductive organs and a woman's fertility cycle. They related pregnancy risk to the frequency of sexual intercourse.</p>	<p>Both men and women in a Mam speaking municipality in Quetzaltenango talked freely about sexual matters regardless of their marital status and gender.</p> <p>Men in Santiago feel that couples should be more open with each other and know each other better with regard to sexuality. They also feel that parents should discuss sex and reproduction with their children, even though the subject is generally considered taboo among adults.</p>	<p>Sexual relations are frequent, but not fully satisfactory for either the man or the woman.</p> <p>The couple sleeps in a small bed together with one to three children under four years of age. Older children and other family members typically sleep in the same room.</p> <p>Both members of the couple may be fully dressed, particularly the woman, permitting very little body contact during intercourse.</p> <p>Both men and women see sexual relations as a natural part of life, a biological necessity closely linked to reproduction.</p>
Birth Spacing	<p>Most men in Santiago believe that most families do not choose to have closely spaced children, but they lack the knowledge about how to space pregnancies.</p> <p>Results (El Quiché) showed a widespread recognition of the benefits of birth spacing.</p>	<p>Generally, non-users of FP methods in Quetzaltenango agreed with the practice of birth spacing and recognized its health, economic, social and family benefits.</p> <p>Women in Santiago feel that the main cause of women's illnesses is having too many children,</p>	<p>About one-third of Guatemalan women (32%) space births less than 2 years apart and more than half (53%) of 15-19 year olds do.</p> <p>Total fertility rates (TFRs) very widely in Guatemala. The highest TFRs (6.2-6.8) occur in the Petén and northwestern regions of the country among indigenous women (6.2) and</p>

TOPIC	Knowledge	Attitudes	Behaviors
		<p>malnutrition, and physical weakness during pregnancy, birth and breastfeeding. To improve their health they feel they should learn about birth spacing. They think the ideal spacing between pregnancies is three years.</p> <p>When asked how far apart pregnancies should be spaced, most men in El Quiche said two years or more.</p> <p>Women in Santiago also recognize the economic and social differences between large and small families and are aware of birth spacing methods as a key way to achieve smaller families.</p>	women with no education(6.8)
Contraceptive Methods	<p>In the 1998/1999 ENSMI, over one-third (37%) of indigenous women could not name any contraceptive method. In the Northwest region, 43% could not name a method.</p> <p>By far the most common reason for not using a contraceptive (24% of non-users in union interviewed in ENSMI 98/99) was not knowing</p>	<p>Rumors and misinformation about family planning are common in Quetzaltenango and are the main barriers to the use of family planning methods. Non-users reported negative health consequences for women as a reason for not using FP methods.</p> <p>The prevailing belief among women in Santiago is that modern</p>	<p>Only 13% of indigenous women use a family planning method, and only 19% of women with no education. By contrast, 50% of Ladino women use a method and 57% of women living in Guatemala City.</p> <p>Couple years of protection increased by 60% following training of health center staff on integrated service delivery and use of an algorithm to</p>

TOPIC	Knowledge	Attitudes	Behaviors
	<p>of any method.</p> <p>TBA knowledge of FP was found to be incomplete and often incorrect in Quetzaltenango. Most TBAs don't know where FP methods are distributed or sold, and they are not aware of the contraceptive benefits of exclusive breastfeeding.</p> <p>Although many men in El Quiche know about FP methods, there is a great deal of incorrect information.</p> <p>Reasons cited in Quetzaltenango for not using family planning included lack of information regarding method use, function and possible side effects.</p> <p>Reasons men in El Quiche give for not using FP methods are: lack of information, religious reasons, and wanting to have more children.</p> <p>Even though women in Santiago feel that periodic abstinence is the best FP method, they lack accurate knowledge regarding the menstrual cycle.</p>	<p>contraceptive methods cause health problems. They expressed fear of modern methods based on rumors of severe collateral and abortive effects.</p> <p>Men in El Quiche preferred natural FP methods. Rumors about modern FP methods suggest that they are harmful to a woman's health (especially the pill)</p> <p>The best FP method according to both men and women in Santiago is periodic abstinence.</p>	<p>assess patient's needs.</p> <p>Women who are least likely to know that breastfeeding can reduce the risk of pregnancy are in regions with the highest TFRs.</p> <p>Method discontinuation due to method failure is as high as 43-46% for vaginal and rhythm methods.</p> <p>Discontinuation rates for side effects range from 34 to 51 % for pills, IUDs and injections.</p> <p>Overall, 42% of women discontinued method use in the first year of use, primarily due to side effects.</p>

TOPIC	Knowledge	Attitudes	Behaviors
	<p>Men in El Quiche know very little about women's fertile period, but they correctly believe that men are fertile at any time</p> <p>Nationally, only 15% of women know that breastfeeding can diminish the risk of pregnancy.</p>		

Even though it is more difficult to get information out about sensitive topics such as family planning methods and their effect on health, clearly that is what is now needed in Guatemala.

Here IEC staff are faced with a dilemma. Probably the best way to address rumors and fears related to contraceptive methods is through person to person communications. However, the reach of this type of communication has been very limited. According to the DHS, only 6% of indigenous non-users had contact with a family planning worker in the year prior to the survey.

Radio spots are a possibility but it probably would be difficult to get them on the type of religious station most listened to by targeted non-users. Print media would be an excellent choice except for the low literacy skills of the intended audience. All-method posters are a possibility for those who don't know of the methods. Perhaps an "Ask the Doctor" type radio show would help to dispel some of the misinformation. In any event, there is much for IEC staff to discuss in choosing a strategy that will truly meet audience needs.

Another audience with very specific needs is that of current acceptors. The high rates of method failure and dropouts due to side effects and health concerns are indicators of insufficient and incomplete counseling. This is both an IEC and a training issue, but may also be a policy matter. The historical reluctance in some programs in Guatemala to say anything which might be viewed as negative about methods undoubtedly has contributed to side effects getting short shrift in counseling sessions.

Conclusions

Existing research findings, available in Guatemala, have many IEC implications which could change or modify IEC messages, target audiences, channels and strategies. Examples from the research summary include:

- A reliance on person-to person communication to promote family planning when the most recent DHS shows that only two percent of non-users were visited by a family planning worker in the year preceding the survey and seven percent discussed family planning on a visit to a health facility. Thus, 91% were not being reached by this channel.
- The common practice of devoting educational time to the promotion of birth spacing although research suggests that this message has already been widely assimilated by the target audience. The primary reason Guatemalan women give for not using contraceptive methods is not that they don't understand birth spacing. It is because they simply don't know any methods. Non-users who do know methods may fear the health consequences of using them.
- Lack of understanding among women and traditional birth attendants (TBAs) of the purpose of prenatal tetanus vaccinations and no increase in coverage between the '95 and '98-99 surveys.
- Little use of radio beyond promotional spots although 63% of indigenous women interviewed in the most recent DHS said they listened to the radio every day.
- Strong advances in increasing childhood immunization levels, but metropolitan Guatemala City lags behind the rest of the nation in coverage and is an obvious candidate for a vigorous promotional campaign.
- The highest level of chronic childhood malnutrition in Latin America, unchanged between 1995 and 1999. Yet IEC staff attending the Development Associates Research Workshop were not aware of the severity of the problem.
- Minimal targeting of men despite consistent evidence that men are key decision makers on matters of health care in Mayan communities and are interested in receiving more information on maternal, child and reproductive health.
- Dangerous delays in seeking professional health care for complications of pregnancy and childbirth because the urgency associated with signs of complications is not recognized and home remedies are often tried first.
- Adolescent sex education programs directed at secondary school students even though they are the young people least likely to experience an unplanned adolescent pregnancy. Almost two-thirds of Guatemalan women never make it beyond primary school and adolescent childbearing among young women with no education is four times higher than it is among adolescents in high school or beyond.

- High rates of method failure and of method discontinuation for side effects which suggest that users are not well informed about how to use methods correctly and common side effects.

Recommendations:

1. The Behavior Change Communications (BCC) Working Group should periodically devote meetings to the review and discussion of research findings which have implications for IEC activities.
2. These discussions should be shared with IEC directors and staff from USAID's partners throughout the country.
3. Agency IEC staff should, in turn, share pertinent information with field staff and volunteers.
4. Agency IEC directors should review research implications annually in conjunction with the preparation of IEC plans.
5. They should carryout local, small-scale research as needed to refine IEC plans.
6. Agencies that conduct local research should make sure that the staff they use to conduct focus groups or interviews have the necessary skills to do it properly.
7. Agencies should also do a better job of documenting experiences among their field workers which shed light on local IEC needs.
8. On a micro level, agencies need to develop the participatory education skills of their field staff and volunteers so they can determine, and respond to the needs of their community audiences as they interact with them.

ANNEX 1

UN RESUMEN DE HALLAZGOS DE INVESTIGACIONES APLICABLES A ACTIVIDADES DE INFORMACIÓN, EDUCACIÓN Y COMUNICACIÓN (IEC)

Anne Terborgh, Lori Buchsbaum, Bernardo Kleiner and Karen Roll

RESUMEN EJECUTIVO:

En respuesta a una pregunta de USAID acerca de investigaciones sobre IEC, un equipo de evaluación de Development Associates concluyó en 1999 que "se podría hacer mejor uso de investigaciones existentes para guiar los esfuerzos de USAID/G-CAP y sus socios." Había un volumen considerable de investigaciones aplicables a IEC, realizadas en los últimos años de la década de los 80 y la década de los 90, pero muchos trabajadores de IEC desconocían los hallazgos y los que sí los conocían, no los aplicaban en el desarrollo de sus estrategias de IEC.

En una actividad de seguimiento a la evaluación de 1999, Development Associates realizó un taller sobre investigaciones en abril de 2000 para especialistas en IEC de 18 organizaciones guatemaltecas e internacionales. Durante el transcurso del taller, se aclaró que muchos de los participantes habían estado involucrados en la recolección de datos de investigaciones (grupos focales, entrevistas, etc.) pero no en el análisis o la presentación de los hallazgos. La mayoría había oído de ENSMI 1998-1999, la encuesta más reciente de demografía y salud en Guatemala, por ejemplo, pero pocos habían visto el informe.

Conclusiones

Hallazgos existentes de investigaciones, disponibles en Guatemala, tienen muchas implicaciones para IEC que podrían cambiar o modificar mensajes, la población blanco, canales de comunicación y estrategias de IEC. Ejemplos del resumen de hallazgos de investigaciones incluyen:

- La costumbre de las organizaciones de depender de la comunicación persona a persona para promover la planificación familiar cuando la encuesta ENSMI más reciente muestra que sólo el 2% de no usuarios fueron visitados por un trabajador de planificación familiar en el año anterior a la encuesta, y sólo el 7% discutieron este tema durante una visita a una instalación de salud. Es así que el 91% de los no usuarios no fueron alcanzados por medio de este canal.
- La práctica común de dedicar tiempo educativo a la promoción del espaciamiento de los embarazos, aunque las investigaciones indican que este mensaje ya ha sido ampliamente asimilado por la audiencia blanco. La razón primordial que las mujeres guatemaltecas dan para el no usar métodos anticonceptivos no es que no entienden el concepto de espaciamiento de embarazos. Es porque simplemente desconocen los métodos. Los no usuarios que concocen métodos pueden tener medio de las posibles consecuencias a su salud ocasionadas por el uso de los mismos.
- La poca comprensión entre mujeres y parteras del propósito de la vacuna antitetánica prenatal y la falta de aumento en cobertura entre las encuestas de 1995 y 1998-99.

- Poco uso de la radio fuera de cuñas de promoción a pesar del hecho de que, según la encuesta ENSMI, el 63% de las mujeres indígenas entrevistadas escucharon la radio todos los días.
- Adelantos notables en aumentar los niveles de cobertura de vacunas de los niños, salvo en la ciudad de Guatemala donde la cobertura es menos que en el resto del país.
- Los niveles más altos de la América Latina de desnutrición crónica de niños, niveles que no cambiaron entre 1995 y 1998-99. Sin embargo, los trabajadores de IEC asistentes al Taller de Development Associates sobre Investigaciones no estaban conscientes de la gravedad de la situación.
- Enfoque mínimo en los hombres, a pesar de la evidencia consistente de que los hombres son los que hacen las decisiones en cuanto al cuidado de la salud en comunidades mayas y tienen interés en recibir más información sobre la salud reproductiva y materno-infantil.
- Demoras peligrosas en buscar la atención de profesionales de salud para complicaciones del embarazo y parto porque la gente no reconoce las señales de complicaciones y prueban remedios caseros antes de buscar atención.
- Programas de educación sexual para adolescentes dirigidos a alumnos de escuelas secundarias aunque son ellos los jóvenes a menor riesgo del embarazo no planeado durante la adolescencia. Casi los dos tercios de mujeres guatemaltecas no avanzan más allá de la escuela primaria y la tasa de embarazo entre adolescentes sin educación es cuatro veces mayor que la tasa entre estudiantes de escuela secundaria o universidad.
- Tasas altas de falla de los métodos anticonceptivos, y de discontinuación de métodos por motivo de efectos secundarios, lo cual sugiere que los usuarios no están bien informados sobre el uso correcto de métodos y sobre el manejo de los efectos secundarios comunes.

Recomendaciones:

1. El Grupo de Trabajo de Comunicaciones para el Cambio de Comportamiento debería programar reuniones periódicas para revisar y discutir hallazgos de investigaciones que tienen implicaciones importantes para las actividades de IEC.
2. Dichas discusiones deberían ser compartidas con los directores y personal de IEC de los socios de USAID en todo el país.
3. El personal de IEC de las agencias debería a su vez compartir información de relevancia con el personal de campo y los voluntarios del programa.
4. Los directores de IEC en las organizaciones deberían revisar anualmente las implicaciones de investigaciones al elaborar sus planes de IEC para el año entrante.
5. Deberían realizar pequeñas investigaciones locales cuando sea necesario para refinar los planes de IEC.
6. Las agencias que realizan investigaciones locales deberían asegurar que el personal que asignan a dirigir grupos focales o hacer las entrevistas tenga las destrezas necesarias para hacerlo en forma debida.

7. Las agencias también deberían documentar mejor las experiencias de su personal de campo que iluminan las necesidades locales de IEC.
8. Al nivel micro, las agencias necesitan hacer más para desarrollar las destrezas en educación participativa de su personal de campo y voluntarios para que ellos puedan identificar y responder a las necesidades de sus audiencias en las comunidades mientras interactúan con ellos.

ANNEX 2

RESEARCH SUMMARIES
(Some IEC findings from recent research reports)

1. AGES. Reproductive Health Education in Indigenous Areas through Bilingual Teachers in Guatemala. INOPAL III/ the Population Council. April, 1997.

Brief Description

This study described the use of teachers from the National Bilingual Education Programs (PRONEBI) to conduct reproductive health courses in indigenous communities in the Departments of Chimaltenango, Quetzaltenango and San Marcos. PRONEBI teachers had to meet pre-requisites in order to conduct courses and were paid U.S. \$22 for each 10 hour course they taught. Courses were taught in indigenous languages: K'iche', Mam and Kakchiquel.

Issues Raised with IEC Relevance

- training bilingual teachers to provide reproductive health education proved to be a cost-effective strategy, acceptable to Mayan communities
- the educational strategy resulted in increased couple communication and contraceptive prevalence
- the use of the indigenous language was identified as a very positive factor

2. AGES. Access to Reproductive Health Services and Education in Indigenous Communities. INOPLAL III/The Population Council. July, 1998.

Brief Description

This follow-up study was designed to replicate the outreach strategy of using bilingual teachers to conduct reproductive health classes in indigenous communities (AGES, 1997) and to strengthen the strategy's links to service delivery. Teachers were: 1) invited to become CBD distributors; 2) required to establish links with local service delivery; and 3) required to screen students regarding their needs for services and then make appropriate referrals.

Issues Raised with IEC Relevance

- linkages established with service providers lacked MOH Area and District involvement and were weak
- teachers were not adequately trained in referral
- the director of a radio station heard of the courses and invited AGES to present the birth spacing module in Spanish and K'iche'. Systematic outreach to radio stations might have produced additional opportunities.

3. Enge, Kjell. **Salud y Reproducción: Que Piensan, Sienten y Desean los Mayas.**
INOPAL III/Population Council. Documentos de Trabajo Num. 20, 1998.

Brief Description

This article describes the results from a variety of diagnostic assessments and operations research studies regarding Mayan perceptions of sex, reproduction, family planning and reproductive health services in rural communities of Guatemala. It summarizes information from the Population Council's Diagnostic Study of Family Planning Services and Users/Non Users in the Mayan Highlands of Quetzaltenango, and the Centro de Poblacion de la Universidad del Valle de Guatemala's Study of Cognition and Speech Patterns of Urban and Rural Indigenous Community Residents About Reproductive Health in the Department of Quetzaltenango.

- a. The Population Council.

Brief Description

The study to assessed the knowledge, attitudes and practices of family planning users and non-users, traditional birth attendants (TBAs) and community leaders in the Department of Quetzaltenango. Results were used to design an operations research project to improve reproductive health services in Quetzaltenango.

Issues Raised with IEC Relevance

- users lacked information on potential side effects and on obtaining re-supplies
- among non-users, the main reasons given for not using family planning were negative health effects for women, and lack of information or mis-information about contraceptive methods
- most non-users agreed that birth spacing is important and understood the health, economic, social and family benefits
- among non-users, the most common sources of information about family planning were relatives, friends and neighbors. Secondary sources were the Ministry of Health, mass media and APROFAM
- TBAs were not well informed about family planning, where to obtain methods or the contraceptive effects of breastfeeding
- community leaders had low levels of knowledge of family planning methods and inaccurate and incomplete information regarding where methods can be obtained
- most TBAs and community leaders were willing to collaborate with family planning providers
- TBAs, non-users and community leaders were all interested in receiving more information about family planning.

b. Universidad del Valle

Brief Description

This study was conducted in a Mam speaking municipality in Quetzaltenango. Contrary to general belief, adult men and women talked freely about sexual matters irrespective of their marital status and gender.

Issues Raised with IEC Relevance

- both men and women lacked knowledge about anatomical and physiological aspects of sex
- very few men or women were able to identify a woman's fertile days
- both men and women had misconceptions about the sexuality of the other gender

4. APROFAM. **Encuesta Rapida de Conocimientos, Preguntas y Coberturas.** Guatemala. Julio, 1998.

Brief Description

This survey on knowledge, practices and coverage, was conducted by the Department of Planning and Statistics of APROFAM. The information gathered was to be used to understand and reform programs in development, communication and training in the field of sexual and reproductive health and maternal and infant health. The goals of the survey were to: 1) obtain information on the knowledge, practices and attitudes of mothers of children under 5 years old, 2) learn about the coverage of services and products related to maternal and infant health, STIs and AIDS, and 3) design strategies and plans of action for the delivery of products and services

Issues Raised with IEC Relevance

- lack of understanding of risks of contracting STIs and HIV and of methods of protection
- radio and television were the principal sources of information about AIDS
- women who have heard of pap smears generally know what they are for, but a large percentage have never had one
- 90% of women interviewed knew that they should get prenatal care when pregnant, but only 75% had received prenatal care during their last pregnancy
- women lacked knowledge concerning child nutrition, vaccinations, diarrheal diseases and respiratory diseases

5. APROFAM. **Estudio de Base de Percepciones y Actitudes Masculinas sobre Salud Reproductiva en Cuatro Municipios del Departamento de El Quiche.** Population Council, INOPAL II. 1995.

Brief Description

This baseline study was carried out in 1994 to determine the knowledge, attitudes and behaviors of men in four municipalities of El Quiche toward reproductive health. The four municipalities in which the study was carried out were: Chiche, Chinique, San Bartolome Jocotenango and San Antonio Ilotenango. Results from the study will help in the design of interventions promoting the use of family planning methods and birth spacing.

Issues Raised with IEC Relevance

- includes analysis of data and charts, concerning:
 - male views regarding the ideal age for marriage
 - their knowledge and attitudes about birth spacing
 - knowledge about fertility and family planning, and
 - interest in *charlas* about reproductive health
 - Although almost all the men recognized the benefits of birth spacing, many disapproved of modern family planning methods. Nonetheless, among non-users, the most common reason cited for not spacing births was lack of information. Most men wanted more information. Half suggested group talks, one quarter recommended movies and a small minority expressed interest in home visits. A few men requested that the activities be in the K'iche' language.
6. Development Associates, Inc. **A Communication Channels Survey in Mayan Communities in Guatemala.** December, 2000.

Brief Description

This report describes a survey conducted among 759 men and women of reproductive age in USAID's priority departments in rural Guatemala. Respondents were interviewed about exposure to mass media, admired public figures, local gathering places, sources of health information and interest in health topics.

Issues Raised with IEC Relevance

- radio was the most accessible form of mass media
 - religion plays a dominant role in the choice of reading material and music
 - both men and women expressed interest in receiving more information on a number of child health topics, followed by family planning
 - respondents wanted to receive information from a trained health worker
 - most individuals interviewed felt that either radio or TV were appropriate channels for family planning information.
7. Development Associates, Inc. **An Assessment of the Translation of Health Messages by Bilingual Promoters in Guatemala.** January 2001.

Brief Description

This field assessment explored the way in which bilingual promoters and educators translate health messages from Spanish to Mayan languages. The assessment included interviews with NGO staff, observation of educational activities conducted by bilingual promoters, educators and traditional birth attendants (TBAs), focus groups with promoters and educators and followup interviews with participants in the educational activities.

Issues Raised with IEC Relevance

- promoters have difficulty with some technical terms that are not easy to translate
 - apart from translation, messages delivered by promoters are often incomplete or incorrect
 - there was very little interaction between the promoter and the audience in most cases and thus no opportunity to adjust the educational activity to the needs or interests of the participants
 - promoters lacked visual aids and teaching materials which could have helped them deliver complete, correct messages
8. The Population Council. **Findings and Lessons Learned in Delivery of Reproductive Health Care to the Rural Mayan Population of Guatemala from Operations Research and Diagnostic Studies, 1994-1997.**
- a. Rxiin Tnamet/PCI. Increasing Knowledge and Skills of Reproductive Health Service Providers in Two Conservative Indigenous Communities on Lake Atitlan & Testing Reproductive Health Service Delivery Strategies in Two Indigenous Communities on Lake Atitlan, Guatemala. 1995-1996.

Brief Description

This operations research project carried out in 1995 and 1996 was designed to improve maternal health services and to develop and use technical protocols for reproductive health service delivery. The first part of the project was designed to improve the quality of and access to services provided. In particular, a greater variety of family planning methods were offered in the clinic and at the community level, including: LAM, fertility awareness based methods, injectables, condoms, spermicides, combined oral contraceptives and IUDs. The second phase of the project tested the impact of improved services and promotional strategies to improve awareness of the benefits of family planning and the availability of services.

Issues Raised with IEC Relevance

- some of the women said that family planning was beneficial, while others said it was a sin and that husbands do not accept family planning.
- women agreed that men know very little or nothing about family planning.
- local women welcomed home visits although privacy was a problem for discussing sensitive topics related to family planning

- men responded well to visits from male educators who trained couples in their homes on how to use NFP. Men liked to learn about family planning and reproductive health from other men.
- b. APROFAM. Injectable Contraceptive Service Delivery Provided by Volunteer Community Promoters. 1997.

Brief Description

The purpose of this study was to test two service delivery strategies to provide DMPA through APROFAM in four departments. The first strategy was to provide DMPA through the APROFAM clinic where the service was provided by doctors and nurses, and the second used trained community based distributors (CBDs). Data were collected to measure differences in demand, acceptance and continuation rates for the two strategies. The principal hypothesis tested was that high quality contraceptive services can be safely offered at the community level and will result in an increase in new contraceptive clients and not simply a change in method mix.

Issues Raised with IEC Relevance

- all CBDs visited demonstrated an accurate knowledge of DepoProvera and were aware of the importance of counseling clients, but they had received no formal training in community outreach activities to inform women about DMPA
 - educators supervising CBDs lacked time and interest in actively educating the community about injectable contraceptive services
 - 40% of discontinuers said they had doubts or uncertainty about side effects, reliability and advantages and disadvantages of the method
 - the problem most frequently mentioned by the educators who supervise the CBDs was making sure the CBDs have correct knowledge about side effects
 - the 40 CBDs interviewed showed very little knowledge related to IEC activities. In none of their courses were they taught how to give promotional talks, make home visits or organize group meetings.
- c. APROFAM. Reengineering the Community-Based Distribution Program of APROFAM. 1997.

Brief Description

The general objectives of this operations research project were to determine the effectiveness of APROFAM's Program of Community Distribution, to analyze its successes and failures and to design and test new strategies, both operational and administrative, in order to significantly enlarge the number of users, especially in the indigenous and rural areas of Guatemala.

Issues Raised with IEC Relevance

- development of a profile for the ideal volunteer health promoter, from the point of view of indigenous women in the highlands

- almost half of promoters interviewed would like to do family planning promotion and give talks
 - home visits and promotional talks by the educator had a significant effect on sales
- d. APROFAM. Designing and Testing Appropriate Health Education Strategies for Men in Four Health Districts in the Department of El Quiche. 1995.

Brief Description

The general objective of this operations research project was to design, implement and evaluate strategies to educate and counsel men in rural areas of the department of El Quiche on their own reproductive health and that of their families. Audio materials in K'iche' and posters on reproductive health were produced to address the expressed interest of men and to promote a different attitude towards reproductive health and the spacing of births through the use of family planning methods.

Issues Raised with IEC Relevance

- getting men to participate was difficult, even with the support and coordination of local leaders
 - informal recreational activities generated greater interest among men and attendance increased considerably
 - one of the best ways to get people to participate was to use a portable loudspeaker to announce the recreational activities and to specifically mention that reproductive health was an integral part of the activities. Portable loudspeakers placed in markets proved particularly effective
 - many individuals requested that additional themes and activities be developed for their communities
 - participating APROFAM community educators need to continually look for new and different ways to actively involve men in discussing the benefits of family planning
- e. The Population Council and IGSS. Integrated Obstetric, Family Planning and STD Training for Traditional Birth Attendants (TBAs). 1997.

Brief Description

The objectives of this research were to design, test and evaluate an integrated training strategy that includes family planning and STDs for training TBAs; determine if training a group of TBAs in family planning and STDs is an effective strategy to expand referrals for these services; and institutionalize the availability of quality family planning services in IGSS outpatient facilities. A total of 30 trainers and 254 TBAs were trained and systematically supervised using a standardized tool.

Issues Raised with IEC Relevance

- in general, the TBA's knowledge retention was acceptable for obstetrics and family planning
 - TBA's retention of knowledge was lowest for STDs
- f. ATI. Testing the Collaboration Between Two NGOs, ATI and APROFAM, in the Delivery of Family Planning Services. 1996.

Brief Description

The Asociación Toto-Integrado (ATI) believes that the Mayan view concerning family planning should be studied using an approach and methodology that considers the sociocultural characteristics of the K'iche' speakers in Totonicapan. The hypothesis of this operations research was that through an understanding of women's perceptions and the kinds of family planning services they would like to receive, ATI would be able to recruit women to participate in the design of services and train local APROFAM personnel in delivering services that would be acceptable to the local population. The hypothesis was tested in three phases: collection of information, design and implementation of a service delivery system and monitoring of the delivery of services.

Issues Raised with IEC Relevance

- women developed a detailed description of the characteristics they preferred in an APROFAM promoter
 - CBDs are currently primarily viewed as contraceptive salespersons and have a negative image in the study communities
 - women are reluctant to visit CBDs and feel that these individuals do not meet their criteria for FP service providers
 - despite negative opinions expressed, women said they wanted to know about APROFAM's services
- g. The Population Council and MOH. Systematic Reproductive Health and Family Planning Services in Quetzaltenango and San Marcos and a Cost Analysis of Integrated MCH Services. 1998

Brief Description

This operations research was designed to test the effects of training health personnel at the MOH health centers and posts in the systematic provision of reproductive health and family planning services using an algorithm. The algorithm consisted of a series of questions to be asked of all women of fertile age who came to a health center or post for whatever reason. In addition to the algorithm, a manual was developed based on current MOH norms that gave step by step instructions on how to provide each service. When initial results were disappointing, the Population Council and the MOH conducted a second round of training on integrated service delivery and the use of the algorithm. Six months after the new training, an evaluation showed that providers were using the algorithm and the number of services offered had increased.

Issues Raised with IEC Relevance

- once nurses had been trained to use the algorithm, identification of services needed increased
- the quality of information given increased dramatically, especially for mothers in how to prevent and treat acute diarrheas and respiratory infections.

9. The Population Council. **Baseline Information of Four NGO Projects in the Guatemalan Altiplano.** September, 1998.

Brief Description

The objectives of the baseline studies were to obtain systematic quantitative information regarding their target populations, especially in terms of reproductive health and birth spacing. The studies indicated notable differences between the populations served by the NGOs. The general results of the study demonstrate the disadvantages experienced by Mayan women in areas such as education, access to health services, prevalence of domestic violence and alcoholism, and limited knowledge of women's reproductive life and of birth spacing methods.

Issues Raised with IEC Relevance

- the level of education of Mayan women interviewed appears to be related to their knowledge of health issues
- the level of knowledge in reproductive health was consistently low among women at all levels of education
- negative attitudes persisted among Mayan women interviewed towards all modern birth spacing methods
- the person mentioned most often by the mothers as the person from whom they would like to receive reproductive information was the TBA.
- NGOs need to identify the traditional means of communicating used in the community, such as fairs and community meetings, in order to combine key messages with entertaining activities directed toward men and youth as well as women.

10. The Population Council. **NGO Training Plan and Request for Additional Funds Required to Complete It.** 1997.

Brief Description

This document outlines the needs and plans for training Guatemalan NGOs interested in establishing, expanding or improving their services in reproductive and maternal-infant health, primarily in rural, indigenous populations. The objectives for this training plan were to strengthen the capacity of the NGOs to train, supervise and evaluate providers of reproductive and maternal-infant health and to produce appropriate IEC materials directed at the communities in which they work.

Issues Raised with IEC Relevance

- There was found to be a virtual absence of IEC materials for the community. The proposed plan, therefore, included strategies to increase the dissemination and demand for information based on IEC materials that respond directly to the identified needs of the users according to their level of education.

11. **Guatemala. Encuesta Nacional de Salud Materno Infantil (ENSMI), 1998-1999.** Instituto Nacional de Estadística (INE), Ministerio de Salud Pública y Asistencia Social (MSPYAS), Agencia Para el Desarrollo Internacional (USAID), Fondo de las Naciones Unidas para la Infancia (UNICEF) y Encuestas de Demografía y Salud (DHS), Marco International, Inc.

Brief Description

The ENSMI-98/99 forms part of the third round of global Demographic and Health Surveys (DHS) and is the most recent national survey of reproductive and maternal-child health in Guatemala. The ENSMI-98/99 had the specific objective of gathering information on the topics of population and women's and infant health in order to facilitate the elaboration of plans for economic and social development in Guatemala and to make sure that the health and family planning organizations direct their actions towards the most unprotected groups of the Guatemalan population.

Issues Raised with IEC Relevance

- See Table 1. in IEC Research Summary (page 7)

12. Hurtado, Elena, et. al. **Desde la Comunidad...Percepción de las Complicaciones Maternas y Perinatales y Búsqueda de Atención.** MotherCare. Guatemala. Noviembre, 1995.

Brief Description

The MotherCare II/Guatemala Project sought to increase the number of women with obstetric or perinatal complications who make use of the health services of the Ministry of Public Health and Social Assistance in the municipalities of Totonicapán, Sololá, San Marcos and Quetzaltenango. To provide base information for the improved design and development of the specific areas of action of the project, this qualitative analysis was performed on the topic of maternal and perinatal healthcare.

Issues Raised with IEC Relevance

- describes knowledge and behaviors of women of reproductive age, their partners, traditional birth attendants and health service personnel of the Ministry of Health (MSPAS) related to maternal prenatal, delivery and post partum care
- describes the principle factors which affect the utilization of the MSPAS health services in the case of obstetric and perinatal emergencies.

- identifies the principle channels of communication available and used for these populations.
- establishes the need for training, especially in interpersonal communication, of the maternal health care providers.

See Table 2. in IEC Research Summary (page 11)

13. Hurtado, Elena. The MotherCare/Guatemala Project: Overview of IEC Strategies and Lessons Learned. Guatemala. 1998.

Brief Description

Discussion of the process followed by MotherCare in designing, implementing and monitoring an IEC intervention in Guatemala, which included: formative research; analysis; strategic design; materials draft, pretest and production; implementation and monitoring; evaluation; and sustainability.

Issues Raised with IEC Relevance

- lays out a blueprint of an IEC strategy that aims to both promote improved behavior and modify the factors that influence it.
14. Project Concern International and Rxiiin Tnamet. **Testing Reproductive Health Service Delivery Strategies in Two Indigenous Communities on Lake Atitlan, Guatemala**. Population Council, Inopal II. 1996.

Brief Description

An operations research project carried out in 1995 and 1996 to reduce opportunities and design and use technical protocols for reproductive health service delivery. The first part of the project was designed to improve quality of and access to services provided. In particular, a greater variety of family planning methods were offered in the clinic and at the community level, including: LAM, fertility awareness based methods, injectables, condoms, spermicide, combined oral contraceptives and IUD. The second phase of the project tested the impact of improved services and promotional strategies to improve awareness of the benefits of family planning and the availability of services.

Issues Raised with IEC Relevance

- procedural flowchart indicating procedure for patient treatment in the clinic was barely used
- reported and observed use of the home visit guide for supervisors was very high
- number of visits made by the male educators to couples and individuals was very high
- knowledge shown by some of the users of clinic services about the availability of FP at the clinic and from community volunteers appeared to be quite high
- the level of satisfaction with clinic services was quite high

- effective communication between provider and client would be greatly improved if the providers use the pictures and diagrams in protocols

15. BASICS. **Atención de Salud Infantil--Prácticas de Madres Mayas en Guatemala.** 1997.

Brief Description

An extensive compendium and analysis of qualitative research on child health in Guatemala. The report covers infant and child nutrition, the conceptualization of health and disease, home health care behaviors and health care seeking behaviors related to diarrhea and acute respiratory infections, immunizations, practices of health personnel and channels of communication. Extensive tables describe the nature of the problem, the reasons for current practices and barriers to change and provide recommendations for action.

Issues Raised with IEC Relevance

- The entire report is relevant. See Table 3. in IEC Research Summary (page 15)

16. Lang, Jennifer B. and Elizabeth D. Elkin. **A Study of the Beliefs and Birthing Practices of Traditional Midwives in Rural Guatemala.** Journal of Nurse-Midwifery. Vol. 42, No. 1, January/February, 1997.

Brief Description

This is a descriptive study of the beliefs and practices of traditional midwives in a rural Guatemalan village. Describes TBA knowledge, skills and practices and an innovative, effective training program conducted by a local NGO.

Issues Raised with IEC Relevance

- traditional midwives in the community lacked basic knowledge of safe obstetric practices although many had attended MOH training and monthly midwifery meetings
- Traditional midwives need programs designed for uneducated, illiterate, and elderly learners, with classes taught in their primary language.
- the program must use teaching methods that are culturally appropriate. Western ideas, such as the concept of risk, may not be readily understood or accepted.